

## **4.13 BSAC Child Safeguarding Referral Form**

Club: \_\_\_\_\_

Date: \_\_\_\_\_

**Details of the Child Concerned** \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Male/Female\*

Date of Birth: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_

Disability Yes/No\*

\*If Yes Brief Details of Disability

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Carer \_\_\_\_\_

Parent/Carer Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**Details of Referrer**

Name \_\_\_\_\_ Position in BSAC \_\_\_\_\_

Club (if not as above) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone number(s) \_\_\_\_\_

**Details of the person about whom the concern is raised**

Name \_\_\_\_\_ Position in BSAC \_\_\_\_\_

Club (if not as above) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone number(s) \_\_\_\_\_

**Details of the incident/concern**

Date of incident/concern \_\_\_\_\_ Place of incident \_\_\_\_\_

Did you or another person observe the incident Yes/No\*

\*If yes, Name of person who observed the incident \_\_\_\_\_

Position in BSAC \_\_\_\_\_

Contact details \_\_\_\_\_

\_\_\_\_\_

**Details of the concern/incident- Continue on a separate sheet if necessary**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Childs account of what took place - Continue on a separate sheet if necessary**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What action has been taken?**

Police contacted Yes/No\*

Name of Police Officer \_\_\_\_\_

Contact details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Children's Social Care contacted Yes/No\* Name of CSC Officer \_\_\_\_\_

Job title \_\_\_\_\_

Contact details: \_\_\_\_\_

\_\_\_\_\_

Medical assistance Yes/No\* If yes details: \_\_\_\_\_

\_\_\_\_\_

Parents informed Yes/No

**Details of action taken – continue on separate sheet if necessary**

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\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_